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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/08)

Application Number

10/1036109

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
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Total Indep												
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Total Claims	13											

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